

<b>Issue Classification</b> 	Application/Control No.		Applicant(s)/Patent under Reexamination	
	10/535,158		KAWAKITA ET AL.	
	Examiner		Art Unit	
	C. J. Arbes		3729	

<b>ISSUE CLASSIFICATION</b>								
ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
29	852	29	825	830				
INTERNATIONAL CLASSIFICATION								
H	o	1	3	10/				
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<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1; text-align: center;"> <p><i>N/A</i></p> <p>(Assistant Examiner) <i>8/22/09</i></p> <p>(Laser Instruments Examiner) <i>8/22/09</i></p> </div> <div style="flex: 1; text-align: center;"> <p><i>CP</i></p> <p><b>CARL J. ARBES</b> <b>PRIMARY EXAMINER</b></p> <p>(Primary Examiner) <i>8/22/09</i></p> </div> <div style="flex: 1; text-align: right;"> <p>Total Claims Allowed: 15</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> O.G. Print Claim(s)</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> O.G. Print Fig.</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1 H</td> </tr> </table> </div> </div>					<input type="checkbox"/> O.G. Print Claim(s)	<input type="checkbox"/> O.G. Print Fig.	1	1 H
<input type="checkbox"/> O.G. Print Claim(s)	<input type="checkbox"/> O.G. Print Fig.							
1	1 H							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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2		10	32				
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